Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART<br>(Column 1)                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                           |              |                      |                              | (Column 2)       |          | SMALL ENTITY TYPE   |                        | OR | OTHER THAN<br>OR SMALL ENTITY          |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|----------------------|------------------------------|------------------|----------|---------------------|------------------------|----|----------------------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                  |                                           | 47           |                      |                              |                  | Γ        | RATE                | FEE                    |    | RATE                                   | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                  |                                           | NUMBER FILED |                      | NUMB                         | ER EXTRA         |          | BASIC FEE           | 370.00                 | OR | BASIC FEE                              | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                  |                                           | 47 minus 20= |                      | *                            |                  |          | X\$ 9=              |                        | OR | X\$18=                                 |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |                                           |              | nus 3 =              | *                            |                  |          | X42=                |                        | OR | X84=                                   |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |                                           |              |                      |                              |                  |          | +140=               |                        | OR | +280=                                  |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                            |                                                                                                                                                                                  |                                           |              |                      | r "0" in c                   | olumn 2          | L        | TOTAL               |                        | OR | TOTAL                                  |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                  |                                           |              |                      | (Column 2) (Column 3)        |                  |          | SMALL E             | NTITY                  | OR | OTHER<br>SMALL I                       |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                                   | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                                                                                                                                                            | *                                         | Minus        | **                   |                              | =                |          | X\$ 9=              |                        | OR | X\$18=                                 |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                                                                                                                                                      | *                                         | Minus        | ***                  | T CLAIM                      | =                |          | X42=                |                        | OR | X84=                                   |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  BEST AVAILABLE COPY                                                                                                                                                                                                                                                 |                                                                                                                                                                                  |                                           |              |                      |                              |                  |          | +140=               |                        | OR | +280=                                  |                        |
| DEG! AVAILABLE OOF!                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                  |                                           |              |                      |                              |                  |          | TOTAL               |                        | OR | TOTAL<br>ADDIT, FEE                    |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                  | (Column 1)                                |              | (Colu                | mn 2)                        | (Column 3)       |          | DDIT. FEE           |                        | 1  | ADDII. FEL                             |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGI<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                                   | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                                                                                                                                                            | *                                         | Minus        | **                   |                              | =                |          | X\$ 9=              |                        | OR | X\$18=                                 |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                                                                                                                                                      | *                                         | Minus        | ***                  | T CL AINA                    | =                |          | X42=                |                        | OR | X84=                                   |                        |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESE                                                                                                                                                                      | NTATION OF MI                             | JLIIPLE DEI  | PENDEN               | CLAIM                        |                  | <b>-</b> | +140=               |                        | OR | +280=                                  |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                  |                                           |              |                      |                              |                  |          | TOTAL<br>ADDIT. FEE |                        | ΩB | TOTAL<br>ADDIT. FEE                    |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                  | (Column 1)                                |              |                      | mn 2)                        | (Column 3)       |          | E                   |                        | •  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                                   | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                                                                                                                                                            | *                                         | Minus        | **                   |                              | =                |          | X\$ 9=              |                        | OR | X\$18=                                 |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                                                                                                                                                      | *<br>NTATION OF M                         | Minus        | PENDEN               | T CL AIM                     | =                | [        | X42=                |                        | OR | X84=                                   |                        |
| <u> </u>                                                                                                                                                                                                                                                                                                            | LINGIPHESE                                                                                                                                                                       | NIAHON OF M                               | OLITE LE DE  | LINDEN               | CEAIN                        |                  | <b>1</b> | +140=               |                        | OR | +280=                                  |                        |
|                                                                                                                                                                                                                                                                                                                     | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                                           |              |                      |                              |                  |          |                     |                        | OR | TOTAL                                  |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                                                                                                                  |                                           |              |                      |                              |                  |          |                     |                        |    |                                        |                        |